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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and lotal assets less than \$500,000 at the end of the year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Α	For t	he 2010 ca	lendar year, or tax year beginning $6/01$ , 2010, and ending $5$	/31	,	2011
В	Check	ıf applicable	C		Employer id	entification number
	Addres	ss change	INDIANA MORTGAGE BANKERS, INC.	1	23-73	<b>4</b> 5226
	Name	change	E Telephone number			
	Initial	return	73-7344			
	Termır	nated		$\vdash$	311-1	73 7344
=	7	ded return ation pending		F	Group Ex Number	emption ►
<u>_</u>		unting Met	hod X Cash Accrual Other (specify) ► H	Check •		organization is <b>not</b>
G I		site: N	/A	required	d to attach s	Schedule B (Form
J	Tax-e	xempt status	(ck only one) — 501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527	990, 990	0-EZ, or 99	)-PF)
K	Chec		the organization is not a section 509(a)(3) supporting organization and its gross receip	pts are r	normally <b>no</b>	t more than
•	\$50,0 orga	000 A Forn	n 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be boses to file a return, be sure to file a complete return	required	l (see instru	ctions) But if the
L	Add	lines 5b, 6d	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E	e, or if to	otal ► \$	144,102.
Б	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (See		<del></del>	
<b>2</b>	alli	_		uie iiis	sii uciioi is	X
2011	<del>-</del> -		the organization used Schedule O to respond to any question in this Part I			Λ]
$\Theta$	1	Contributi	ons, gifts, grants, and similar amounts received		1	
(N)	2	Program s	ons, gifts, grants, and similar amounts received service revenue including government rees and contracts nip dues and assessments RECEIVED		2	76,161.
	3	Membersh	nip dues and assessments		3	67,859.
OCT	4	Investmer	nt income		4	82.
0	5 a	Gross am	ount from sale of assets other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for all to a south other than inverted (Subtreet tipe for a south other tipe for a sou			
	b	Less cos	t or other basis and sales expenses 5b			
<b>F</b>	C	Gain or (loss	(S) Hoth sale of assets other than inventory (Subtract time Spatiani-time 3a)   (17)		5 c	
(SCANNED EXERT	6	Gaming a	nd fundraising events LOGDEN, UT			
ŞÇ R	a	Gross ince	ome from gaming (attach Schedule G if greater than \$15,000) 6a			
\$ . E	4		ome from fundraising events (not including \$ of contribution	าร		
N	-		raising events reported on line 1) (attach Schedule G if the sum			
E E		of such gr	ross income and contributions exceeds \$15,000) 6b			
	c	Less dire	ct expenses from gaming and fundraising events 6c			
	l d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and			
		6b and su	bbtract line 6c)		6 d	
	7 a	Gross sale	es of inventory, less returns and allowances 7a			
	Ь	Less cos	t of goods sold - 7b		• •	
	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	•	enue (describe in Schedule O)		8	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	144,102.
_	10		d similar amounts paid (list in Schedule O)		10	
	11		paid to or for members		11	
Ε	12		other compensation, and employee benefits		12	
X P	1		nal fees and other payments to independent contractors		13	74,335.
EXPENSES	13		, *			14,333.
Š	14	-	ry, rent, utilities, and maintenance		14	2 007
S	15		publications, postage, and shipping	•	15	2,087.
	16	-	enses (describe in Schedule O)  See Schedule	e O	16	68,595.
_	17		enses. Add lines 10 through 16		▶ 17	145,017.
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	-915.
N .	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with er	nd-of-ye	ar	
N E	[	figure rep	orted on prior year's return)	-	19	91,566.
' '	20	Other cha	inges in net assets or fund balances (explain in Schedule O)		20	
	21	Net asset	s or fund balances at end of year Combine lines 18 through 20		▶ 21	90,651.
BA	A Fo	r Paperwor	k Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2010)

Forn	n 990-EZ (2010) INDIANA MORTGAG	E BANKERS, INC.		. 2	3-73	45226	Page 2
Par	t II Balance Sheets. (see the instance Check if the organization used Sche		estion in this Part II				
				(A) Beginning of	vear	(B) End of	
22	Cash, savings, and investments			94,29			3,224.
	Land and buildings			74,23	23		, 224.
	<del>-</del>						
24	Other assets (describe in Schedule O)	<u> </u>	)	04.00	24	<del></del>	
25	Total assets			94,29			3,224.
	Total liabilities (describe in Schedule O)		)	2,72			2,573.
27	Net assets or fund balances (line 27 of c	olumn (B) must agree with lir	ne 21)	91,5	6. 27	90	$0,\overline{651}$
Par	t III Statement of Program Ser	vice Accomplishments	(see the instrs for	Part III.)		Expenses	
	Check if the organization used Sc				(Rec	uired for sectio	n
What	is the organization's primary exempt purpose?		account, me and a care		+1 501(	c)(3) and 501(c	)(4)
Desc	ribe what was achieved in carrying out the	e organization's exempt purpi	nses. In a clear and	concise manner	—l orga	nizations and s	ection
desc	cribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, and other	relevant informatio	n for each	4947	'(a)(1) trusts, or	ptional
prog	ram title				for c	thers)	
28	Approximately 150 Member	companies benefit	from the pro	grams			
	presented by the organiza	tion for their edu	cation and m	utual goals.			
					- 1		
	(Grants \$ ) If th	is amount includes foreign gr	ants shock hore		☐ 28a	1 16	5,407.
	(Grants \$ ) ii tii	is amount includes foreign gr	ants, theth here			40	0,407.
29							
					1		
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		∏ 29a		
30	7 17 11				<del></del>		_
30							
		is amount includes foreign gr	ants, check here	•	∬ 30 a		
31	Other program services (describe in Sch	edule O)					
		is amount includes foreign gr	ants, check here	▶ [	31 a	1	
32	Total program service expenses (add lin		anto, orroon note		▶ 32		,407.
			mlavaaa ( ) (				
Par	t IV List of Officers, Directors,				ted (see	the instructions for	Part IV
	Check if the organization used Sc						X
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation not paid, enter -0	(If (d) Contributed employee benefit p		(e) Expense a and other allo	account
	(a) Name and address	to position	not paid, enter -o	deferred comper		and other and	wances
<u> </u>	Cahadula	10 000.000		agrarioa compor	ioution	<del> </del>	
566	_Schedule_O						
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			L			Form <b>990-F</b>	
BAA		TFFA0812L 0					

	Check if the organization used Schedule O to respond to any question in this Part V			[ _ ]
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33	Yes	No X
34		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a	x	
J	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b	X	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a 0.			
- 1	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A	ļ		
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities.  39a  N/A			
	b Gross receipts, included on line 9, for public use of club facilities.  a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>			
l	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
(	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
(	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 -		v
		40 e	<u> </u>	<u> X</u>
41	List the states with which a copy of this return is filed None	40 e		
	List the states with which a copy of this return is filed None  None  The organization's	-	244	
	List the states with which a copy of this return is filed ► None  The organization's books are in care of ► Alan W Thorup  Telephone no ► 317-7	-	344_	
	List the states with which a copy of this return is filed None  None  The organization's	-		
42	List the states with which a copy of this return is filed ► None  The organization's books are in care of ► Alan W Thorup  Located at ► PO Box 596 Fishers IN  Telephone no ► 317-7  ZiP + 4 ► 46038  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	73-7	3 <u>44</u> Yes	No.
42	a The organization's books are in care of ► Alan W Thorup Telephone no ► 317-7. Located at ► PO Box 596 Fishers IN ZiP + 4 ► 46038  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-		
42	List the states with which a copy of this return is filed ► None  The organization's books are in care of ► Alan W Thorup  Located at ► PO Box 596 Fishers IN  Telephone no ► 317-7  ZiP + 4 ► 46038  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	73-7		No_
42	a The organization's books are in care of ► Alan W Thorup Telephone no ► 317-7. Located at ► PO Box 596 Fishers IN ZiP + 4 ► 46038  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	73-7		No.
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42:	The organization's books are in care of  Alan W Thorup  Located at PO Box 596 Fishers IN  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	73-7. 		No X
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42:	Telephone no ► 317-7:  Located at ► PO Box 596 Fishers IN  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts at At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts and the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	73-7. 42b	Yes	No X X N/A N/A
42:	List the states with which a copy of this return is filled  None  A The organization's books are in care of  Alan W Thorup  Located at PO Box 596 Fishers IN  ZIP + 4 > 46038  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts at At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42b 42c	Yes	No X X N/A N/A No X
423	List the states with which a copy of this return is filed  None  Telephone no 317-7: books are in care of None  Telephone no 317-7: Located at PO Box 596 Fishers IN  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts at At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	42b 42c 44a 44b	Yes	No X X N/A No X
423	List the states with which a copy of this return is filed  None  Telephone no 317-7' Located at PO Box 596 Fishers IN ZIP+4 46038  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts at Atlany time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' boline 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	42b 42c 44a 44a	Yes	No X X N/A No X X

Form 990-1	EZ (2010) INDIANA MORIGAGE BA	INNERS, INC.		23-73452	220		age 4
					F	Yes	No
	y related organization a controlled entity o				45		X
a Did ti	he organization receive any payment from ction 512(b)(13)? If 'Yes,' Form 990 and S	i or engage in any trans	saction with a controlled	entity within the meaning	45a		X
	he organization engage, directly or indirec				758		
	idates for public office? If 'Yes,' complete		ir activities on behall of	or in opposition to	46		X
Part VI	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexempt	charitable trusts only	. All se	ectioi	<u>1</u>
	501(c)(3) organizations and sec	ction 4947(a)(1) no	nexempt charitable	e trusts must answer	questic	ons	
	47-49b and 52, and complete the	ne tables for lines :	50 and 51.				
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI				
	<del></del>					Yes	No
<b>47</b> Did tl	he organization engage in lobbying activiti	es? If 'Yes,' complete S	Schedule C, Part II		47		
	e organization a school as described in se	•		ule E	48	-	
	he organization make any transfers to an		,		49a		
	es,' was the related organization a section	•	Ū		49 b		
	plete this table for the organization's five I	-	molovees (other than of	ficers directors trustees a	nd kev		
empl	oyees) who each received more than \$10	0,000 of compensation	from the organization I	f there is none, enter 'None	) '		
(2)	Name and address of each employee paid	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and	(e) Ex	pense nt and	
(4)	more than \$100,000	devoted to position		deferred compensation	other all		s
•							
•							
	<del></del>						
	***						
	<del></del>						
f Total	number of other employees paid over \$1	00,000		-		-	
	plete this table for the organization's five i		dependent contractors y	who each received more th	an \$100	000 ი	f
comp	pensation from the organization. If there is	none, enter 'None '					
	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n
		<b></b>					
<b>d</b> Total	number of other independent contractors	each receiving over \$1	00,000				
	he organization complete Schedule A? No		organizations and 4947	7(a)(1) nonexempt			
	table trusts must attach a completed Sche			<u> </u>	Yes		No
Under penalti	ies of perjury. I declare the have examined this return and complete Declaration of preparer (other than office	n, producing accompanying schools in the second second in the second sec	edules and statements, and to of which preparer has any kno	the best of my knowledge and belie wledge	f, it is		
	18/1 11 X 180	<u> </u>	, , , , , , ,	10/5/11			
Sign	Signature of officer			Date			
Here	Alan W Thorup			Executive Direc			
11010	Type or print name and title			Dicoucife Direc	-		
	Print/Type preparer's name	Presarer's gnature	Date /	Check of PTIN		_	
Daid	Deborah L. Kelb	Defonal	Kel H 9/20/	.,   🖵	17554	7	
Paid Preparer		, CPA, PC	-1 1 1 -0	self-employed PUU	1,004	'	
Use Only	<del></del>	eet Ste 104	• •	From 15 FIAT - 20	0-0852	510	
200 01119	Firm's address • 819 E. 64th Str.  Indianapolis, I			(04.7)			
May 45 - 15			ctions	Phone no (317)	466- X Yes	_	
BAA	S discuss this return with the preparer sh	own above / See instruc	LIIONS		X Yes Form <b>99</b> 0		No (2010)
DAA					ו <b>פב</b> ווווט ו	V-E-L	(2010)

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Name	of organization	<del></del>		Employer (dentifica	ation number
	DIANA MORTGAGE BANK			23-734522	
Pai	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organ	ization.
1	Provide a description of the o	organization's direct and indirect political ca	impaign activities in P	Part IV	
2	Political expenditures			▶\$	
3	Volunteer hours				
Pai	rt I-B   Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	▶\$	
2	Enter the amount of any exci	se tax incurred by organization managers i	under section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4:	a Was a correction made?				Yes No
	f 'Yes,' describe in Part IV				
Pa	rt I-C   Complete if the o	rganization is exempt under secti	on 501(c) , excer	ot section 501(c)(3)	).
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing	organization's funds contributed to other of	organizations for section	on 527 exempt	
	function activities			• \$	
3	Total exempt function expend	ditures Add lines 1 and 2 Enter here and o	on Form 1120-POL,		
	line 17b			▶\$	
4		Form 1120-POL for this year?			Yes X No
5	Enter the names, addresses	and employer identification number (EIN) of For each organization listed, enter the an	of all section 527 politi	cal organizations to whi	ch the filing
	amount of political contribution	ons received that were promptly and directly action committee (PAC). If additional space	y delivered to a separ	ate political organization	n, such as a separate
	segregated fund or a political	l action committee (PAC) If additional spac	ce is needed, provide	information in Part IV	-
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
				organization's funds If none, enter-0	contributions received and promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)		<u> </u>			
<u> </u>					-
(2)					
<u> </u>	<del></del>				
(3)					
		· <del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>
(4)		L			
<u> </u>					
(5)		<b> </b>			
				-	
<i>(</i> C)		L <b></b>			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

Schedule <b>C</b> (Form 990 or 990 EZ) 2010				23-7345	
Part II-A Complete if the section 501(h		n is exempt under se	ction 501(c)(3) an	id filed Form 5768 (e	election under
<del></del>	<del></del>	ngs to an affiliated group	<del></del>	· <del></del>	
<b>⊢</b>	•	ked box A and 'limited con	trol' provisions apply		
(The term '		ing Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pub	lic opinion (grass roots lob	bying)		
<b>b</b> Total lobbying expenditure	es to influence a le	gislative body (direct lobby	ring).		
c Total lobbying expenditure	es (add lines 1a ar	nd 1b)			
<b>d</b> Other exempt purpose ex	•				
e Total exempt purpose exp	penditures (add lini	es 1c and 1d)		-	
f Lobbying nontaxable amo both columns	ount Enter the amo	ount from the following tabl	e in		
If the amount on line 1e, colum	nn (a) or (b) is 1	The lobbying nontaxable ar	nount is		
Not over \$500,000		20% of the amount on line le			
Over \$500,000 but not over \$1,00	· -	\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$1,	<del> </del>	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$17 Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$225,000 plus 5% of the excess of \$1,000,000	ver \$1,500,000		
g Grassroots nontaxable an		, ,,			<u></u>
h Subtract line 1g from line	•				
i Subtract line 1f from line					
j If there is an amount othe section 4911 tax for this y	er than zero on eith	ner line 1h or line 1i, did the	e organization file Forr	n 4720 reporting	Yes No
——————————————————————————————————————		4-Year Averaging Period U	nder Section 501(h)	<del>-</del>	1.03
(Some	e organizations tha columr	4-Year Averaging Period U at made a section 501(h) ele is below. See the instruction	ection do not have to cons for lines 2a throug	complete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying non-taxable amount	,				70.00
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2010

# Schedule C (Form 990 or 990-EZ) 2010 INDIANA MORTGAGE BANKERS, INC. 23-7345226 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1:			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	- 1		··
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5	). or	
section 501(c)(6).	(-)(-	,,	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 X
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5	), or	
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.'	art Ìll	-A, li	ne 3
1 Dues, assessments and similar amounts from members		1	67,859.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	14,086.
<b>b</b> Carryover from last year		2b	
c Total	ĺ	2c	14,086.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	14,831.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	:al		•
expenditure next year?		4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5	0.
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information	Part II	I-B, lın	e 1ı
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information	Part II	-8,   n	e II 
			<b></b>

Schedule C (Form 990 or 990-E2) 2010 INDIANA MORTGAGE BANKERS, INC.	23-7345226	Page <b>4</b>
Part IV   Supplemental Information (continued)		
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- <b></b>	<del></del>	
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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 23-7345226 INDIANA MORTGAGE BANKERS INC Form 990-EZ, Part III - Organization's Primary Exempt Purpose Education of Members: The association serves approximately 150 members, belonging to various chapters <u>across the State of Indiana, who benefit from the programs presented by the</u> <u>association. The association holds two main events each year, a convention and a </u> production and servicing conference. Along with smaller monthly and special meetings, these events are designed to educate and update the members and the mortgage community on various topics relevant to the residential mortgage banking

2010 Schedule	O - Supplemental I	nformation	1	Page 2		
Client 02INMORT INDIANA MORTGAGE BANKERS, INC.						
9/01/11				11 22AM		
Form 990-EZ, Part I, Line 16 Other Expenses  Bank Charges Board Expenses Conferences, Conventions, and M Donations Dues & Subscriptions Insurance Miscellaneous Office Expenses Telephone Travel	eetings		\$ Total <u>\$</u>	1,605. 3,799. 45,685. 6,000. 1,000. 2,912. 2,362. 762. 2,204. 2,266. 68,595.		
Form 990-EZ, Part II, Line 26 Total Liabilities    Beginning						
Form 990-EZ, Part IV List of Officers, Directors, Trustees, an	Title and Average Hours	Compen-				
Name and Address Scott Weghorst 250 E. 96th Street Indianapolis, IN 46240	<u>Per Week Devoted</u> President \$ 0	sation 0.	<u>EBP &amp; DC</u> \$ 0.			
Janet Johnson 200 E. Kirkwood Ave. Bloomington, IN 47408	President Elect 0	0.	0.	0.		
Tom Dinwiddie One Indiana Square STE 1800 Indianapolis, IN 46204	Legal Counsel 0	0.	0.	0.		
John Dunbar 346 Ironwood Drive South Bend, IN 46615	Director 0	0.	0.	0.		
David Gedde 100 N. Michigan St. Ste 800 South Bend, IN 46601	Vice President 0	0.	0.	0.		
Kathy Peck 1525 US Highway 41, C-26 Schererville, IN 46375	Director 0	0.	0.	0.		

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## **Schedule O - Supplemental Information**

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**Client 02INMORT** 

### INDIANA MORTGAGE BANKERS, INC.

**23-7345226** 11 22AM

9/01/11

Form 990-EZ, Pa	art IV (cont	inued)		
List of Officers,	Directors,	Trustées,	and Key	/ Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to <u>EBP &amp; DC</u>	Expense Account/ Other
Patricia Sprinkle 201 W. Morgan St. Spencer, IN 47460	Director 0	\$ 0.	\$ 0.	\$ 0.
Kim Harris 30 S. Meridian St. Ste 1000 Indianapolis, IN 46204	Director 0	0.	0.	0.
Bob Mansur 6666 E. 75th St. Indianapolis, IN 46250	Director 0	0.	0.	0.
Len Fischer PO Box 540 Terre Haute, IN 47807	Past President 0	0.	0.	0.
Palak Effinger 2605 E. 62nd St. Ste 2001 Indianapolis, IN 46220	Director 0	0.	0.	0.
Mary Travis 10323 Dawson's Creek Blvd Fort Wayne, IN 46825	Director 0	0.	0.	0.
Alan W Thorup PO Box 596 Fishers, IN 46038	Executive Direc 0	0.	0.	0.
Angie Snellenberger 1400 Opus Place, Ste 550 Downers Grove, IL 60515	Director 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.